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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Amir Alavi

Firm: U.S. Patent and Trademark Office
Art Unit 2621

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: November 11, 2005

Re: FLH Ref No.: 450101-03243
Serial No: 10/048,103

Number of Pages: 18
(including cover page)

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00322445

PATENT
450101-03243IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Tetsujiro KONDO, et al.
 Serial No. : 10/048,103
 For : IMAGE PROCESSING APPARATUS AND METHOD, COMMUNICATION APPARATUS, COMMUNICATION SYSTEM AND METHOD, AND RECORDED MEDIUM
 Filed : May 31, 2002
 Examiner : Amir Alavi
 Art Unit : 2621

745 Fifth Avenue
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 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	18	Minus	** =24	* 0 x	\$50 (25)	= \$ 0
Independent claims	8	Minus	*** =9	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid or is paid herewith .

This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.

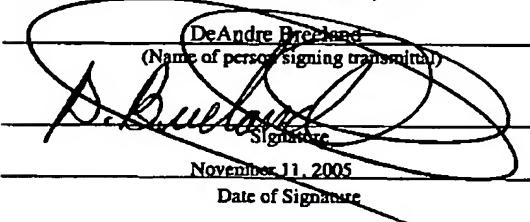
A check in the amount of \$_____ is attached, which covers the cost of additional claims _____ petition for extension of time.

Charge \$_____ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

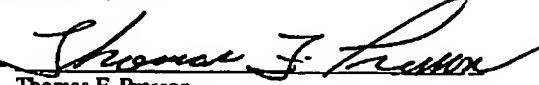
CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on November 11, 2005.

DeAndre Presson
 (Name of person signing transmittal)

 Signature
 November 11, 2005
 Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By: 
 Thomas F. Presson
 Reg. No. 41,442
 Tel: 212-588-0800

00322429

U.S. Appln. No. 10/048,103
Supplemental Response

PATENT
450101-03243

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Tetsujiro Kondo, et al.

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Serial No. : 10/048,103

For : IMAGE PROCESSING APPARATUS AND
METHOD, COMMUNICATION APPARATUS,
COMMUNICATION SYSTEM AND METHOD,
AND RECORDED MEDIUM

Filed : May 31, 2002

Examiner : Alavi, Amir

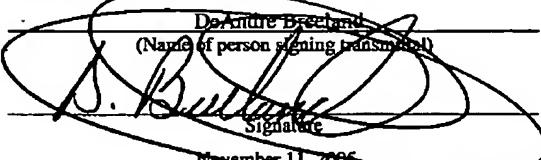
Art Unit : 2621

Confirmation No. : 1517

745 Fifth Avenue
New York, NY 10151

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DeAnne Breland
(Name of person signing transmission)
Signature
November 11, 2005
Date of Signature

SUPPLEMENTAL AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Further to the response filed on November 2, 2005, please amend the above-
identified application as follows.

U.S. Appln. No. 10/048,103
Supplemental Response

PATENT
450101-03243

Amendments to the Claims are reflected in the listing of claims, which begins
on page 3 of this paper.

Remarks/Arguments begin on page 14 of this paper.